

AMENDMENTS TO THE CLAIMS

1. (currently amended) A method for reducing the occurrence of hypercalcemia or osteosarcoma in a patient,

~~that~~ wherein said patient has osteoporosis and has received administration of, or is being administered, cyclase activating parathyroid hormone (CAP) or analogues thereof,

said method comprising also administering a cyclase inhibiting parathyroid hormone peptide (CIP) to said patient in a therapeutically effective, but non-toxic amount,

~~which~~ where said CIP comprises a contiguous portion of PTH having an amino acid sequence set forth in SEQ ID NO:5 (PTH₁₋₈₄), said portion having an N-terminal amino acid residue starting at any position spanning from position 2 through position 34 of the PTH₁₋₈₄, and a C-terminal amino acid residue ending at position 84 of the PTH₁₋₈₄, or a conservatively substituted variant thereof exhibiting parathyroid hormone (PTH) antagonist activity ~~in a therapeutically effective, but non-toxic amount that reduces the occurrence of hypercalcemia or osteosarcoma in the patient resulting from the administration of CAP.~~

2. (currently amended) The method of claim 1 wherein the ~~peptide~~ CIP has an N-terminal amino acid residue starting at any position spanning from position 3 through position 28 of the PTH₁₋₈₄, and a C-terminal amino acid residue ending at position 84 of the PTH₁₋₈₄.

3. (original) The method of Claim 1 wherein one determines the amount of CAP and CIP present in the patient.

4. (original) The method of Claim 3 wherein the CIP administration is performed in a pulsatile manner.

5.-12. (canceled)

13. (new) The method of claim 1, wherein the CIP is administered to reduce hypercalcemia.

14. (new) The method of claim 1, wherein the CIP is administered to reduce osteosarcomas.

15. (new) The method of claim 1, wherein the CIP administered is PTH₇₋₈₄.

16. (new) A method for reducing the occurrence of hypercalcemia or osteosarcoma in a patient,

wherein said patient has osteoporosis and has received administration of, or is being administered, cyclase activating parathyroid hormone (CAP) or analogues thereof,

said method comprising also administering a cyclase inhibiting parathyroid hormone peptide (CIP) to said patient in a therapeutically effective, but non-toxic amount,

where said CIP comprises a contiguous portion of PTH having an amino acid sequence set forth in SEQ ID NO:5 (PTH₁₋₈₄), said portion having an N-terminal amino acid residue starting at any position spanning from position 2 through position 34 of the PTH₁₋₈₄, and a C-terminal amino acid residue ending at position 84 of the PTH₁₋₈₄.